AND PLAN OF CORD CHON    CATURD PLAN OF CORD CHON   CATURD PROV.   SUPPLIER CHA	CENT	ERS FOR MEDICARI	E & MEDICATO SERVICES			RM APPROVE NO -0938-039
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LIFE CARE CENTER OF MORGAN COUNTY  LIFE CARE CENTER OF MORGAN COUNTY  ADMINISTRATE WARTBURG, TN 37887  ADMINISTRATE WARTBURG, TN 37887  LIFE CARE CENTER OF MORGAN COUNTY  ADMINISTRATE WARTBURG, TN 37887  LIFE CARE CENTER OF MORGAN COUNTY  ADMINISTRATE WARTBURG, TN 37887  LIFE CARE CENTER OF MORGAN COUNTY  AND ADMINISTRATE WARTBURG, TN 37887  LIFE CARE CENTER OF MORGAN COUNTY  AND ADMINISTRATE WARTBURG, TN 37887  LIFE CARE CENTER OF MORGAN COUNTY  WARTBURG, TN 37887  FOUNDERS FIRMS COMMENTED  FOR MORGAN COUNTY  AND ADMINISTRATE WARTBURG, TN 37887  FOR MORGAN COUNTY  FOR MORGAN COUNTY  LIFE CARE CENTER OF MORGAN COUNTY  WARTBURG, TN 37887  FOR MORGAN COUNTY  WARTBURG, TN 37887  FOR WARTBURG, TO HEX ARTBURG, TO HEX ARTB			445239	B WING		9/2R/2011
### PROPESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by:  Based on medical record review, observation, and interview, the facility failed to follow physician's orders for one (#8) of twenty-three resident #8 was admitted to the facility on September 2, 2011, at 3.30 p.m., with diagnoses including Congestive Heart failure, Diabetes, Rhsumatoid Arthritis, and Hypertension.  Medical record review of the September 22, 2011, revealed the resident was to receive Carafate (antitulen) 1 G (gram) twice a day, and Micronase (antidiabetic) 2.5 mg twice a day, and Micronase on the evening of September 2, 2011, Medical record review of the September 2, 2011, Medical Director, Dictary Manager, Bouskeeping Supervisor, SDC, ITIM, Medical Director, Pharmacy Consultant, Psycic Services.			GAN COUNTY	419.5	LADDRECS, CITY, STATE, ZIP CODE SOUTH KINGSTON STREET	972.672011
The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders for one (#8) of twenty-three residents reviewed.  The findings included:  Resident #8 was admitted to the facility on September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatold Arthritis, and Hypertension.  Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Carafate (antituloer) 1 G (gram) twice a day, and Micronase (antidiabetic) 2.5 mg twice a day.  Medical record review of the September 2011. Medicalin record review of the September 2, 2011, Medicalin record review of the September 2, 2011.  Medical record review of the September 2011. Medical record review of the September 2, 2011. Medical Prevaled the resident recalved the resident reca	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFLIRENCED TO THE APPROPRIATE	<ul> <li>COMPLETION</li> </ul>
Based on medical record review, observation, and interview, the facility failed to follow physician's orders for one (#8) of twenty-three residents reviewed.  The findings included:  Resident #8 was admitted to the facility on September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension.  Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Carafate (antitulcer) 1 G (gram) twice a day, Celexa (antidepressant) 20 mg (milligrams) at bedtime, Glucophage (antidiabetic) 1000 mg twice a day, and Micronase (antidiabetic) 2.5 mg twice a day.  Medical record review of the September 2011, Medical rocord review of the September 2, 2011.  Medical record review of the September 2011, MAR revealed the resident's blood sugar was 141 on September 3, 2011, at 6:30 a.m.	SS=D	PROFESSIONAL S  The services provide must meet profession	TANDARDS  ed or arranged by the facility onal standards of quality.	F.281	#8 were identified. M.D. notified of medication deficient practice on 9/3/2011 for resident #8 by the DON LPN #1 educated on Medication Administration policy on 9/28/2011 by	10/28/11
September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension.  Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Carafate (antitucer) 1 G (gram) twice a day, Celexa (antidepressant) 20 mg (milligrams) at bedtime, Glucophage (antidiabetic) 1000 mg twice a day, and Micronase (antidiabetic) 2.5 mg twice a day.  Medical record review of the September 2011, Medical record review of the September 2, 2011.  Medical record review of the S		by: Based on medical r and interview, the fa physician's orders for residents reviewed.	ecord review, observation, cility failed to follow or one (#8) of twenty-three	2)	of all new admissions beginning 9/28/2011 to ensure medications have been administered per M.D. orders. Staff Development Coordinator. /DON/ADON to educate/ in-service 100% of licensed nurses on facility	
<ul> <li>(antiulcer) 1 G (gram) twice a day, Celexa (antidepressant) 20 mg (milligrams) at bedtime, Glucophage (antidiabetic) 1000 mg twice a day, and Micronase (antidiabetic) 2.5 mg twice a day.</li> <li>Medical record review of the September 2011, Medication Administration Record (MAR) revealed no documentation the resident received the Carafate, Celexa, Glucophage, and Micronase on the evening of September 2, 2011.</li> <li>Medical record review of the September 2011, MAR revealed the resident's blood sugar was 141 on September 3, 2011, at 6.30 a.m.</li> <li>Director of Nursing and / or unit managers will report medication administration audits results monthly x3 to the performance Improvement Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dictary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, Psyche Services.</li> </ul>		September 2, 2011, including Congestive Rheumatoid Arthritis Medical record reviewadmission orders da	at 3:30 p.m., with diagnoses Heart Failure, Diabetes, and Hypertension.  w of the physician's ted September 2, 2011,	3)	admissions for 3 months to ensure medication administration policy is followed. New licensed nurses will be in-serviced on hire of the medication policy by Staff Development	10/28/11
DOATORY DIRECTOR'S OR REQUIRED SO DESCRIPTION SERVICE SO ANATHER.		(antiulcer) 1 G (gram (antidepressant) 20 r Glucophage (antidiai and Micronase (antidiai Medical record review Medication Administrate Carafate, Celexa Micronase on the even Medical record review Medical record review MAR revealed the res	ny (milligrams) at bedtime, betic) 1000 mg twice a day, liabetic) 2.5 mg twice a day, liabetic) 2.5 mg twice a day.  Not the September 2011, leation Record (MAR) intation the resident received, Glucophage, and leaning of September 2, 2011.  In the September 2011, leadent's blood sugar was 14.	4)	managers will report medication administration audits results monthly x3 to the performance Improvement Committee to assure compliance. Performance Improvement Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dictary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant,	10/28/11
THE THE THE PROPERTY OF THE PR	00.50	NIDEOTORIO OF THE			TITLE	(Ye) DATE

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ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instruct this.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 tys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/29/2011 FORM APPROVED CENTERS FOR MEDICARE & MED' D SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUS (X2) MULTIPUL CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING\_ 445239 09/28/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET LIFE CARE CENTER OF MORGAN COUNTY WARTBURG, TN 37887 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 281 Continued From page 1 F 281 Observation on September 26, 2011, at 10:30 a.m., revealed the resident lying on the bed watching television. Interview on September 27, 2011, at 3:15 p.m., with Licensed Practical Nurse (LPN) #1, in the conference room, revealed LPN #1 was responsible for administering medications to resident #8 on the evening of September 2, 2011. Continued interview revealed the medications were available in the facility's emergency medication supply. Continued interview with LPN #1 confirmed the resident was not offered the Carafate, Celexa, Glucophage, and Micronase. on the evening of September 2, 2011, and confirmed the physician's orders were not followed. 1) No Adverse reactions affecting resident F 425 ; 483,60(a),(b) PHARMACEUTICAL SVC -F 425 #8 were identified, M.D. notified of \$\$=D ACCURATE PROCEDURES, RPH deficient practice on resident # 8 on 9/3/2011. LPN's #1, #2, #3 educated on The facility must provide routine and emergency the Pharmacy policy and Facility policy drugs and biologicals to its residents, or obtain for Medication Orders and Medication them under an agreement described in Administration. Pharmacy notified of 10/28/11 §483.75(h) of this part. The facility may permit deficient practice on 9/28/11. Pharmacy unlicensed personnel to administer drugs if Stage will send all ordered medications on law permits, but only under the general new admissions. supervision of a licensed nurse. 2) DON/ADON/ Unit Managers will do A facility must provide pharmaceutical services 100% audit of all new admissions (including procedures that assure the accurate beginning 9/28/2011 to ensure acquiring, receiving, dispensing, and , Medications delivered for Medication administering of all drugs and biologicals) to meet Administration per M.D. orders. Staff 10/28/11 the needs of each resident. Development Coord. /DON/ADON to educate/in-service 100% of licensed The facility must employ or obtain the services of nurses on facility policy for pharmacy a licensed pharmacist who provides consultation delivery and administration of

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services in the facility.

on all aspects of the provision of pharmacy

Event ID: 809 411

Facility ID: TN6501

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Executive Oreston

10/17/11

medications, DON/ADON will report to

PI committee results of audits.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/29/2011 CENTERS FOR MEDICARE & MED FORM APPROVED ID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIED/CL.c. (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER (X3) DATE SURVEY COMPLETED A BUILDING B WING 445239 NAME OF PROVIDER OR SUPPLIER 09/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF MORGAN COUNTY 419 SOUTH KINGSTON STREET WARTBURG, TN 37887 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) CCMPLETION PREFIX TAG REGULATORY OR LICE IDENTIFYING INFORMATION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 425 Continued From page 2 F 425. 3) DON/ADON/Unit Managers will audit admissions monthly x 3 to ensure policy is followed. All new licensed nurses will be in-serviced on hire on the 10/28/11 Pharmacy medication ordering and This REQUIREMENT is not met as evidenced medication administration policy. by: Based on medical record review, observation 4) Performance Improvement Committee and interview, the facility failed to provide timely to assure compliance. PI committee is pharmacy services for one (#8) of twenty-three made up of E.D., DON, ADON, RSM, residents reviewed. Activities Director, Social Services Director, Dictary Manager, Housekeeping Supervisor, SDC, HIM, The findings included: Medical Director, Director of Nursing 10/28/11 Resident #8 was admitted to the facility on and / or unit managers will report audits September 2, 2011, at 3:30 p.m., with diagnoses results monthly x3 to the performance Pharmacy Consultant, Psyche Services. including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension. Medical record review of the physician's admission orders dated September 2, 2011. revealed the resident was to receive Roxicodor e (pain medication) 15 mg (milligrams) every six hours, and Vitamin D3 2000 units daily. Medical record review of the September 2011, Medication Administration Record (MAR) revealed no documentation the Roxicodone was administered on September 2, 2011, at 6:00 p.rm. Continued review of the reverse side of the September 2011, MAR revealed Licensed Practical Nurse (LPN) #2 documented on September 3, 2011, "12A (12:00 a.m.) & (and) 6.4 (6:00 a.m.) Pain meds not here, Pharm. (pharmacy) aware." Continued review of the September 2011, MAR revealed LPN #4 documented on the reverse side of the MAR the

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Vitamin D3 was not available on September 3, and 4, 2011, and LPN #3 documented the

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Executive Director

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AND PL	AN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLTA IDENTIFICATION NUMBE !	(X2) M A BUIL	ALTIPLE CONSTRU DING	JOHON	(X3) DAT	<u>40. 0936-039</u> © DURVEY PLETED	1
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LIFE	CARÉ CENTER OF MOR	GAN COUNTY		419 SOUTH KIN WARTBURG,	CITY, STATE, ZIP CODE NGSTON STREET			
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F 42	Observation on Sept	available on September 5.	F 42	5				
6	Interview on Septem with LPN #1, in the c LPN #1 was respons Roxicodone on Septe and confirmed the Roxicodone interview of 1:40 p.m., with LPN # was not available on a.m., and 6:00 a.m.	ber 27, 2011, at 3:15 p.m., onference room, revealed ible for administration of the ember 2, 2011, at 6:00 p.m., exicodone was not available. on September 27, 2011, at 2 confirmed the Roxicodone September 3, 2011, at 12:00	12		*			
F 514 SS=D	12:55 p.m., with LPN: D3 was not available to resident on September 483.75(I)(1) RES RECORDS-COMPLET LE	TE/ACCURATE/ACCESSIB	F 514	# 8 or #14 notified o 9/28/2011 facility po medical re		O. was ned on on of		
	resident in accordance standards and practice accurately documented systematically organize.  The clinical record must information to identify the resident's assessments services provided; the resident in accordance in accorda	d; readily accessible; and ed.  st contain sufficient he resident; a record of the less the plan of care and		100% Aubeginning Medication Document orders, Standard 100% of 1 policy, R document DON/AD	OON/ Unit Managers to dit of all new admissions of a second completed per later that the complete that the complete complete the complete complete the complete complete complete the complete	ons  M.D. ord. rvice ility  formance	10/28/11	

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Executive Director

DEPARTMENT OF HEALTH AND HI "MAN SERVICES PRINTED: 09/29/2011 CENTERS FOR MEDICARE & MED. FORM APPROVED AD SERVICES STATEMENT OF DEFICIENCIES <u>OMB NO. 09</u>38-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A BUILDING COMPLETED E WING 445239 NAME OF PROVIDER OR SUPPLIER 09/28/2011 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF MORGAN COUNTY 419 SOUTH KINGSTON STREET WARTBURG, TN 37887 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 514 Continued From page 4 3) DON/ADON/Unit Managers to audit F 514 admissions monthly x 3 to ensure policy is followed regarding documentation in This REQUIREMENT is not met as evidenced medical record. All new licensed nurses 10/28/11 by: will be in-serviced on hire of the Based on medical record review, facility policy Pharmacy ordering, documentation and medication administration policy. review, and interview, the facility failed to ensure the medical record was complete for two (#8 and #14) of twenty-three residents reviewed.

The findings included:

Resident #8 was admitted to the facility on September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension.

Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Tylenol 650 mg (milligrams) every six hours as needed for pain.

Medical record review of the September 2011, Medication Administration Record (MAR) revealed Licensed Practical Nurse (LPN) #1 administered Tylenol 650 mg to resident #8 on September 2, 2011, at 7:00 p.m. Medical record review of the MAR, nursing notes, and pain management flow sheet revealed no documentation of the effectiveness of the Tylenol.

Review of the facility's policy Pain Management Protocol revealed "...Nursing staff will monitor and document the effectiveness of the pain management...in the resident medical record (Nurses' Notes/Pain Mangement Flow Sheet, Medication Administration Record), as appropriate..."

4) DON/ADON/Unit Managers to audit admissions monthly x 3 to ensure policy is followed. All new licensed nurses will be in-serviced on hire of the Pharmacy ordering, documentation and medication administration policy. Performance Improvement Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, Psyche Services.

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Facility ID: TN6501

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Executive Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDIC. SERVICES

PRINTED: 09/29/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA AND PLAN OF CORPECTION (DENTIFICATION NUMBER)  445.239			(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED	
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F 514	with LPN #1, at the effectiveness of th	age 5 mber 27, 2011, at 3:20 p.m., e nursing station, confirmed fire e Tylenol administered on 1, at 7:00 p.m., was not	F 514					
	21, 2011, with diag Hip Arthroplasty, a Femur. Medical re resident returned to	admitted to the facility on Jure noses including Sepsis, Right of Fracture of Right Distal cord review revealed the the hospital on June 24, dmitted to the facility on June agnoses of Sepsis.		2 C				
	Medication Administration 21, 2011, and 2011, revealed no creceived medication	ew of the resident's stration Record (MAR) dated the MAR dated June 30, documentation the resident as ordered for eight and nine enings of June 21 & 30, 2011.			·]:			
	Record dated June documentation of L nurse) obtaining the	gency (ER) Box Facilities 21, 2011, revealed PN #1 (licensed practical e drugs Neurotin and dered doses to administer to						
	delivered on June 3	nacy suppliers drugs listed as 0, 2011, verified the drugs #14 upon readmission were		<sup>1</sup> e		1		
		#1 in the conference room, on 1, at 1:20 p.m., revealed the						

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Event ID: 805411

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Executive Dreeton

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LPN adm and state even resid stock Box for th	inistered on the June 30, 2017 of the additioning doses on ent's bowel read, and did not Interview verse evening of the MAI cations the read the mail the ma	rage 6 edications had been the evening of June 21, 2011, I. During interview, LPN #1 that medications required for June 21, 2011 were for the tegime and were in general require a sign out from the ER tified the medications ordered June 30, 2011 were given and R did not document the tesident received on June 21 &	F 514		5		
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